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Today

Volume 22, Number 3 Spring 1994

...And Baby Makes Three

Assisted Reproduction at the Medical College of Georgia

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Today

Volume 22, Number 3 Spring 1994

Introduction

If the frigid chill in the air this past winter struck you as uncomfortable, imagine what it was like for those who have no heat...no coat...perhaps even no shelter.

Dr. Shirley George, associate professor of community nursing at the Medical College of Georgia, works diligently on such people's behalf. She has extensively researched the homeless and extremely poor population of the Augusta area, and now she is translating her data into tangible help for the most disenfranchised members of the community. Read about an organization she helped found, and how she and her students are making a difference in the lives of the impoverished.

MCG's assisted reproduction program makes a significant difference in people's lives, too—people who have always yearned for parenthood, only to encounter a biological obstacle to their dream. Meet Josh and Karen Rogers, one of the many couples whose obstacle has been overcome, thanks to the program. Oh, and meet their son, too.

Speaking of those who make a difference, few people are more worthy of the accolade than Dr. Virgle W. McEver Jr., an MCG School of Medicine alumnus who has devoted his life not only to medicine, but to embracing his community and doing everything he can on its behalf. We invite you to read about Dr. McEver and his work in this edition of *Medical College of Georgia Today*.

Also featured is a new method of detecting lung disease before the first symptom is present. Such an advance should mean the difference between life and death for many patients.

Contents

2 / ...And Baby Makes Three

The Medical College of Georgia's assisted reproduction program is helping many couples topple the obstacles to parenthood.

6 / Level of Success

A blood test measuring an enzyme level seems effective in determining early stages of lung disease.

9 / AlumNews

News from the five alumni associations.

21 / Plan Your Giving

Make your assets more productive—with minimal risk.

22 / Plugging Away

An MCG nursing professor has discovered that a little bit of help for Augusta's homeless can go a long way.

26 / A Man and His Bag

School of Medicine alumnus Virgle McEver has spent his career devoting himself not just to medicine, but to his community.

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Medical College of Georgia Today is sponsored by grants from MCG Foundation, Inc. and the MCG School of Medicine Alumni Association. It is produced by the Divisions of Institutional Relations and Health Communication; Medical College of Georgia; Augusta, Georgia 30912. Advertising inquiries should be directed to Future First Publishing, (800) 999-4723, 2623 Sandy Plains Road, Marietta, Georgia 30066. Published quarterly, *MCG Today* is furnished to alumni and friends of MCG without charge. The appearance of advertisements in this publication does not constitute an endorsement by the Medical College of Georgia of the products or services advertised.

...And Baby Makes Three

They are two of three sisters who grew up in Washington, Ga., fighting over the bathroom they shared. The fighting stopped periodically when anyone else picked on them. It stopped permanently when they both got married.

Rhonda Price became Rhonda Bentley, a hairdresser who moved to nearby Lincolnton and had son Wes with her husband, Jeff.

Karen Price married, but her husband was killed three months later. Josh

Rhonda Bentley (left), Karen and Price Rogers

Rogers, an old high school friend, was there for her, and with time and healing, Karen Price became Mrs. Rogers.

Karen and Josh were still relative newlyweds, about to embark on a dangerous mission as chaperones on a cruise for high school seniors, when Karen's menstrual periods stopped. She hoped she was pregnant; but this woman in her early 20s worried that she was not. Her mother had experienced early menopause, which can run in families.

Dr. Gregory C. Cook, Karen's obstetrician and gynecologist in nearby Augusta, confirmed her worries.

"He did a workup and found that she was in ovarian failure. He referred her to me to confirm the diagnosis and to see if anything could be done," said Dr. Gail Whitman, reproductive endocrinologist and medical director of the assisted reproduction program at the Medical College of Georgia. "She was in premature failure and there was nothing that could be done to reverse that process. (Premature failure) can occur for several different reasons. In her case, it was probably hereditary."

Until about five years ago, that would have been the end of the conversation. But as the 1980s brought fine-tuning of the technology and expanded the availability of techniques enabling fertilization outside the body, the 1990s are bringing outgrowths of in vitro fertilization such as egg donor programs.

"My first approach is to rule out life threats, because there are some life-threatening conditions that can be associated with (ovarian failure)," Dr. Whitman said. "Once we are sure the patient is healthy, we ask, 'What are her reproductive options?' Of course, these would be adoption or having a donor egg or embryo. It's up to the patient to decide."

When Dr. Whitman first evaluates potential candidates for the egg donor program, she looks for a healthy body with a healthy uterus where the embryo can take hold and grow.

She also looks for healthy minds.

The couple wanting a baby undergoes psychological evaluation. "It's not for everybody," Dr. Whitman said. "You are talking about injections and lots of doctor's visits. We are trying to assess whether they have thought it through and are going to be emotionally stable to go through the process."

Karen looked to her big sister, Rhonda, for the egg that could be teamed with Josh's sperm in the sterile environment of the in vitro laboratory and become a zygote, the first stage of an embryo that would be transferred to Karen's uterus.

Dr. Iqbal M. Khan

"The first thing (Karen) said was, 'Will you have a baby for me?' I said, 'You have been watching too much television,'" Rhonda said. "Then she asked me about in vitro. I wanted to do it, because I love her and I wanted her to feel what I felt when I had Wes, and I knew she couldn't any other way."

Yes, she had some natural concerns about how would she feel once the baby arrived. "We talked with Dr. Whitman. She told me that, yes, it was my egg, but once it attached itself to Karen, it had to live on her blood supply and all that. Then I felt better," Rhonda said.

"I thought it was great," said Rhonda's husband, Jeff. "I love kids. If I hit the (lottery) number Saturday night, we are going to have a dozen."

Dr. Whitman pointed out that the procedure would enable Karen to experience

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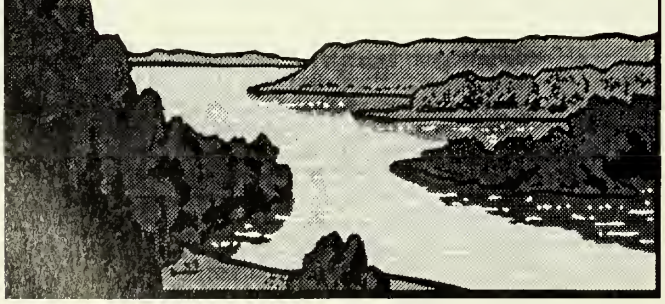

every aspect of motherhood. "She is the birth mother. She would actually carry the child, have labor and deliver the child so that it would be her baby," Dr. Whitman explained. "The difference is the genetic material she is carrying is not hers. It is the donor's."

A woman is born with all the eggs she will ever have; in fact, the forerunner of the eggs is present when the woman herself is still an embryo. Each month a fertile woman menstruates, she loses an egg. When the eggs are gone, menstruation stops. "Basically, I explain to patients that all women, if they live long enough, will go through ovarian failure. The eggs that we are born with will die out," Dr. Whitman said.

Early menopause occurs when eggs deplete before about age 35. In the United States, age 51 is average for menopause.

"In a natural cycle, there is only one follicle that develops and so one single egg that is released every month," said Dr. Iqbal M. Khan, director of the in vitro fertilization laboratory at MCG.

To improve odds and reduce costs of repeated in vitro attempts, protocols have been developed that stimulate the donor to produce more than one egg. These eggs are retrieved using an ultrasound-guided needle inserted through the vagina and into the reproductive tract to the follicles that release eggs.

"We have a reasonable chance of getting anywhere from five to 10 eggs," said Dr. Khan, who identifies these microscopic spots floating in the fluid retrieved from the donor. He picks up these self-sufficient cells—they are about the largest cells the body makes—with a syringe and transfers them to a culture medium. "This is all done under very strict, very sterile conditions," Dr. Khan said.

The potential father-to-be produces a sperm sample and Dr. Khan analyzes it, checking movement and aggressiveness. He washes the sample to remove debris and dead sperm, then performs the "swim up" procedure: Sperm are washed and spun until they are sitting on the bottom of the test tube, then a small amount of medium is gently added on top of these pellets. Sperm are incubated at their normal environment of 37 degrees for about three hours, which allows the aggressive sperm to swim to the surface. Dr. Khan scoops the sperm-filled top fluid off—he should have about 10 million to 15 million sperm at this point—then calculates how much fluid he'll need to match about 100,000 sperm with a single egg. If the sperm-to-egg ratio is higher, the chance of more than one sperm penetrating the egg increases. If this happens, the resulting embryo would not be normal or usable.

"Eighteen hours later, we then clean the egg further and look for the signs of fertilization," Dr. Khan said. When the egg and sperm unite, each throws off half of its 46 chromosomes, resulting in a zygote that begins dividing. This is the growth Dr. Khan looks for the next morning. He typically finds that 80 percent of the eggs have become zygotes, resulting in three to 10 zygotes. He removes them from the sperm-containing dishes and lets them grow another 24 hours, checking the next morning to make sure healthy growth continues. If all is well, as many as five embryos are transferred to the patient that day. If there are more, the rest are frozen.

"The more embryos you put, up to five, the better the chances are for her to have a positive pregnancy," Dr. Khan said. But too many embryos can mean multiple births. If a couple doesn't mind the prospect of twins, he can transfer more than three embryos.

"I cannot express the feelings that we have when we get positive pregnancies. It is so thrilling," he said.

But the doctors on this

team get really comfortable only when they get another positive vital sign.

"When I breathe a sigh of relief is when we see that fetal heartbeat, which is usually when the woman is six to seven weeks pregnant. In our experience, we've had very few losses after that point," Dr. Whitman said.

Drs. Whitman and Khan state candidly that it's hard to predict what future technology will make possible for infertility treatment. Much remains to be learned. Dr. Whitman compared what is really known about sperm to a "big black box. We don't really understand how sperm works. People may have genetic conditions that we can't diagnose yet that might keep them from conceiving. When we first start (working with a couple), I always mention that a certain number of people will never find a cause and that we won't be able to treat them. I introduce that early, not to scare them, but to plant some reality.

"I view my role as someone who assists a couple in resolving the issue of fertility one way or another. There are a certain number of them I'm not going to be able to help and I tell them that up front. In that scenario, doing something like in vitro may help them come to the conclusion, 'Well, we've done everything we can,'" Dr. Whitman said.

Already there is debate, such as when a woman is too old to be a mother.

"My response is that women can conceive up until the age of menopause, and we know in this country that many women don't experience menopause until the age of 55. I don't see anything abnormal about allowing couples within that reproductive age group to conceive," she said.

The issue of the donation itself can stir debate.

"I view the donations of eggs like donating a kidney. What sibling would not donate a kidney to her sibling, or bone marrow? It's all a matter of what is the end result," Dr. Whitman said.

She's found that a couple often prefers using a relative as a donor so they know the genetic history and can even count on family traits being passed along. At the least, most want to use a close friend, so they know the history.

At times, such a person isn't available. Other times, couples prefer not to know the donor, opening the door to a whole new set of issues such as how to identify the donor and whether she should be paid. And though the country has many sperm banks, the technology does not yet exist to store eggs, which would avail a variety of potential donors and create the issue of identifying anonymous donors. To date, MCG has only worked with couples who have known egg donors. Work is under way to expand the program to accommodate anonymous donors as well.

"God gave us the intellect that allowed the ability to do this wonderful thing," Dr. Whitman said. "I think all you have to do is look at one of these children, these miracles, such as in this case," she said of Karen and Josh. "All you have to do is sit there and hold that little one, and you know it's a miracle and you know it's good."

Karen can't remember how many over-the-counter pregnancy tests she went through in the two weeks just after the embryo was implanted. She can remember that they were all negative.

Then she, Josh, Rhonda and Jeff made the trip back to MCG for the more definitive blood test.

They were at a mall, passing anxious time when they called MCG to hear the results.

Passers-by wondered what they were screaming about.

Nov. 2, 1993, 8-pound, 10-ounce Price Rogers was born.

—TONI BAKER

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A drop in activity of an enzyme that controls blood pressure may provide doctors with an indicator of lung disease before the first physical symptom of disease, research at the Medical College of Georgia has shown.

A quick blood test that measures this enzyme's activity level could provide a warning that a trauma patient is headed toward a lung infection, that blood pressures inside a lung may be rising or that a donor lung might not be healthy enough to transplant, said Dr. John Catravas, MCG professor of pharmacology and toxicology.

"Our idea was that because this enzyme is everywhere in the lungs, its function should start fluctuating before something goes wrong with the lungs, before we are able to pick it up by an X-ray or by a change in blood gases," Dr. Catravas said. "The whole idea is to do something to find (lung disease) earlier than what is available now."

Dr. Catravas has been studying angiotensin converting enzymes for 12 years in his MCG laboratory, trying to determine if these key enzymes also are key indicators of lung function.

Angiotensin converting enzymes are found in all the body's blood vessels and in particular abundance in the lungs, which have more blood vessels than any other organ, Dr. Catravas said. It is in the lungs that this enzyme activates the hormone angiotensin, which is responsible for maintaining blood pressure. In fact, the latest treatment for high blood pressure is drugs that block the activity of angiotensin converting enzymes.

Dr. Catravas has found in animal models that drops in the activity levels of angiotensin converting enzymes correlate with very early lung disease.

Some of the animals were

LEVEL OF SUCCESS

treated with anti-cancer drugs known to cause lung damage; others were exposed to chest radiation that might be used to treat cancer, and others had infections linked to lung damage.

"We found that in (these) animals, the activity of the enzyme goes down in a dose-dependent manner. The more you give of something, the more the activity goes down," Dr. Catravas said. "And, more importantly, it goes down before any other sign of the disease is evident. The big question was, 'Does it hold in humans?'"

To answer that question, Dr. Catravas turned to a group of patients known to be at risk for lung disease—lung transplant patients—and to one of the world's largest lung transplant centers, The National Heart and Lung Institute in London.

He returned in August from a six-month London sabbatical where information he obtained about the enzyme's activity level correlated well with the outcome of 15 lung transplant patients.

An experienced transplant surgeon typically can look at potential donor lungs and tell if they are unhealthy or if the normally pinkish, soft, compliant organ is very well-suited for transplantation, Dr. Catravas said. But some lungs fall into a gray area in which there is inadequate objective criteria to determine the lungs' health.

But he may have such a test in a safe radioactive substance that is injected into the venous system, going right to the lungs. At the same time, blood is withdrawn as it comes out of the lungs, into the arterial system and the body. The radioactive substance is affected by angiotensin converting enzyme; how much the radioactive substance has changed by its trip through the lungs indicates the activity level of the enzyme. The whole test takes about 30 minutes, an important factor with transplants in which time is critical.

"We looked at the activity of the enzymes of donor lungs," Dr. Catravas said, to get an idea of the effectiveness of this test in humans. Three potential donor groups were represented among the 15: lungs that looked excellent for transplant, lungs that were unacceptable on sight and those in which the status wasn't clear-cut.

He found what he expected: Enzyme activity was normal in the obviously healthy lungs and markedly decreased in the lungs that were not used. In fact, he found the enzyme level was zero in three of the discarded lungs, something he had never seen in animal models.

In the third group, the lungs whose health was more difficult to determine, Dr. Catravas found that the enzyme activity level correlated well with how patients did after surgery; in the lungs in which the activity was down somewhat, transplant recipients died shortly after surgery. In transplants in which the donor lung's activity was normal, the patients did well. A measure of this enzyme activity likely would be a good measure of the status of other donor organs as well, but it happens that—at least now—activity levels in the lungs are easier to measure, Dr. Catravas said.

He's now working with trauma doctors at the University of Athens, Greece to see if the test holds up for trauma patients as an indicator of those whose lungs are in the earliest stages of infection and will develop problems. He has begun discussions for a similar project at the MCG Regional Trauma Center.

Dr. Catravas' goal is an efficient, effective way to provide an additional piece of information to doctors that would be an early, accurate gauge of whether lung function could soon be a problem and, in the case of transplants, additional information about the health of the donor lung.

With that same idea in mind, Dr. Catravas has begun collaborating with Dr. Joseph W. Rubin, MCG cardiac and thoracic surgeon, to look at the potential use of this enzyme test with the heart, which also has many blood vessels and therefore plenty of angiotensin converting enzymes.

Early data showed between a 170 percent and a 400 percent increase in the enzyme levels following coronary bypass surgery, increases which correlate with the number of bypass grafts; the more grafts, the greater the increase in enzyme levels.

He and Dr. Rubin are working now to establish normal enzyme levels for the heart so the test will not only give doctors an idea of whether enzyme levels have increased with surgery, but whether they have been returned to normal levels.

—TONI BAKER

Why One of the Best Doctors in His Field is in the Army Guard.

Dr. George Alexander is one of the leading cancer researchers at the National Institutes of Health. He is also a member of the Army National Guard. In fact, he made one of his greatest discoveries in a mobile combat hospital during a field exercise. As an explosion rocked the OR and he felt his skills stretched to the maximum, he discovered he was enjoying himself.

Lieutenant Colonel Alexander joined to serve his country and community one weekend a month and two weeks a year. In the Guard he has the challenges and experiences he could never find in a civilian hospital. He finds working with soldiers a deeply satisfying part of his medical career. He trains with them, lives with them, even parachute jumps with them. He has come to better understand his potential patients and how to implement preventive measures.

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AlumNews

New MCG Mark Being Phased In

Christine Hurley Deriso

The Medical College of Georgia has adopted a new mark which began being used on MCG stationery, brochures, advertisements and other correspondence Jan. 1.

The mark includes an illustration of the Old Medical College and the year the school was founded, 1828.

"I think the new mark is more reflective of not only our history, but our current and future role as the health sciences university for the state of Georgia," said Dr. Francis J. Tedesco, president of MCG. "It truly reflects our history and our heritage. And everyone who has reviewed the mark has been very excited about it. I'm delighted with it."

The mark will be phased in over 36 months, during which time the present mark and the five-sided logo will be phased out entirely, according to George H. Foster, director of public relations and marketing at MCG. Mr. Foster also is a member of MCG's Graphic Standards Committee, which spearheaded the new logo's design. Other committee members are Brent D. Burch, chief of Medical Illustration and Design Services and Stanley R. Leida, manager of printing services. The design was approved by MCG's Executive Council and President Tedesco.

MCG's seal, which also features an illustration the Old Medical College, will continue to be used on diplomas and other legal and official documents, Mr. Foster said. ■

$2 Million Grant to Help Fund Immuno-Genetics Lab

Toni Baker

The Medical College of Georgia has received a $2 million grant from the Robert W. Woodruff Foundation, Inc., to help establish an immuno-genetics laboratory where scientists can study how the immune system works and what goes awry to cause disease.

The grant from the Atlanta-based foundation will be used to establish the laboratory within MCG's Institute of Molecular Medicine and Genetics.

Scientists in the new immunogentics laboratory will manipulate genes involved in programming the body's complex immune system both by adding genes and preventing existing genes from working, said Dr. Howard Rasmussen, director of the Institute of Molecular Medicine and Genetics.

These manipulations in animal models should help doctors learn more about how the immune system works and what causes the system, which is designed to protect the body from disease, to instead turn on the body in autoimmune diseases such as type 1 diabetes, lupus and rheumatoid arthritis, Dr. Rasmussen said.

The research also has implications for improving organ transplantation, because by better understanding the immune system, doctors should be better able to manipulate that system so that it does not view a transplanted heart or lung or kidney as an invader to be eliminated, Dr. Rasmussen said.

The Institute of Molecular Medicine and Genetics, established in late 1992, is comprised of a dozen researchers studying basic, essential aspects of the body's communication system. That system, working correctly, enables organs to work together. When the system fails, diseases such as diabetes can result. Molecular immunology and immunogenetics are the focus of the institute's second phase of development.

"The Woodruff Foundation grant is crucial to the establishment of the state-of-the-art laboratory which will assist MCG in recruiting a world-class scientist," said Dr. Francis J. Tedesco, president. Recruitment is under way.

"The laboratory, with its sophisticated equipment and specialized research space, will support molecular-level research and the clinical programs which will benefit from access to specialized immunologic facilities,"

> *"The creation of this laboratory will go a long way toward bringing this medical technology of the future to Georgia."*

Dr. Tedesco said. "This is really high-tech at its best."

Immediate improvements for MCG's clinical programs include access to new tissue-typing technologies that should result in better matches for major organ transplants. MCG cancer doctors will be able to use stem-cell culturing equipment to study cells responsible for producing bone marrow and blood and to evaluate those cells for use in bone marrow transplantation.

Dr. Tedesco noted that with the exception of trauma, almost every human disease has a genetic cause, many of which have been

continued on page 20

Medical Technology Beginning Distance-Learning Courses

Ingrid Heggoy

Beginning this summer, the Medical College of Georgia is making it a little easier for medical technicians to earn a bachelor's degree in medical technology.

"In areas of the state such as northwest Georgia, two-year associate-degree programs for medical technicians are available, but there are no four-year baccalaureate programs in medical technology," said Dr. Julia Crowley, chairman of the MCG Department of Medical Technology. "Students who wanted to continue their education would have to move to Augusta or Atlanta to earn this bachelor's degree, and many of them can't do that, because they have families and jobs."

Enter a new use of modern technology: distance-learning. Medical technicians in Dalton, Ga., and surrounding areas, approximately 250 miles from the MCG campus, will be able to earn a bachelor's degree from MCG through a two-way video and audio hookup with Augusta without traveling and without having to give up their current jobs.

In cooperation with Dalton College, MCG will offer classes to approximately 10 medical technicians with associate's degrees who have completed the necessary core courses in other subjects such as basic sciences, literature and history. The program is made possible through a three-year, $300,000 grant from the U.S. Health Resources and Services Administration of the U.S. Public Health Service.

Floyd College in Rome, Ga., and Darton College in Albany, Ga., may also join the medical technology distance-learning project in the next several years, according to Dr. Crowley.

Teaching through interactive television requires several pieces of specialized equipment. Video and audio signals are sent back and forth between the professors in Augusta and their students through specialized telephone cabling. Cameras in the front and back of the room let instructors see students, and microphones allow students to ask questions. Also included is a still camera for display of photographs, slides and other materials. All lessons will be taped, so students can review any material covered during lectures at their convenience, Dr. Crowley said.

Dr. Julia Crowley

"With the two-way video and audio hookups, you can see and talk to people on both ends of the line in real time," she said.

Once students start the program, they will attend class at their local college on Tuesday and Thursday afternoons. They will perform their laboratory work at medical centers near their study site, often in their current work site, according to Dr. Crowley. Students will take one course a quarter for four quarters—blood bank, chemistry, microbiology and hematology, and complete clinical requirements at the same time.

"If this pilot project is a success and we learn to manage the equipment so that we can offer this program to other sites around the state, we could potentially graduate 20 to 30 more medical technologists a year in areas of the state where they are needed. If we can work all the bugs out, then essentially, where we can go with it is unlimited. We could go all over the world."

"I think this is the wave of the future," said Dr. Francis Tedesco, MCG's president. "I consider the medical college a statewide resource. This really fits into our mission. This three-year pilot project represents a huge step in distance-learning for the citizens of the state of Georgia." ■

6 Awarded Hinman Scholarships

Six Medical College of Georgia students have been awarded Thomas P. Hinman student scholarships.

The MCG Augusta campus recipients are Kerry McEnerney, Tammi Reginelli and Adena Vivian. Recipients from the Rome, Ga., satellite campus are Karen Dobson, Karen Hudson and Jennifer Gilleland. All are first-year dental hygiene students.

Students received their award and were recognized at the annual Thomas P. Hinman Dental Meeting in Atlanta March 17. The scholarship is awarded to supplement and encourage students in their pursuit of higher learning. ■

Dr. Chaudhary Named Distinguished Faculty

Toni Baker

Dr. Bashir A. Chaudhary, pulmonologist and director of the Georgia Sleep Center at the Medical College of Georgia, has received the 1993 distinguished faculty award by the southern chapter of the American College of Chest Physicians.

The award, presented at the recent annual meeting of the college in New Orleans, recognizes Dr. Chaudhary's career and his contributions to the organization.

Dr. Chaudhary is medical director of MCG's School of Allied Health Sciences Department of Respiratory Therapy and coordinator of the Section of Pulmonary Diseases' Occupational and Environmental Lung Disease Program. He is a fellow of the American College of Chest Physicians, the American College of Physicians, the American Sleep Association and the Pakistan Academy of Medical Sciences. He is board certified by the American Board of Internal Medicine and the American Board of Pulmonary Diseases. ■

Winston Hunt in front of telemedicine office, his childhood home

Alum Comes Back 'Home' To MCG

Ingrid Heggoy

Winston Hunt grew up at the Medical College of Georgia.

Actually, the alumnus and faculty member in the Department of Physician Assistant grew up on the MCG campus. His father, Whitelaw Hunt, was the longtime administrator of University Hospital, and they lived from 1953 to 1966 in the quaint brick house that today houses MCG's telemedicine office.

"When I lived there, the Talmadge Hospital (now MCG Hospital and Clinics) was just being built," he said. "Some of the buildings were already built, like the Murphey Building, but University was the medical school's teaching hospital. And I used to hit golf balls in what is now that big parking lot near the library."

He also grew up around medicine, and always knew he would like to be involved in it in some manner.

"When I was about 13, I used to go spend a lot of time in the emergency room at University. I would watch, and pester the residents," he joked. "And I would ask questions, get to help out some and learn a lot."

After high school, he entered the Navy and served as a medic on a hospital ship off the coast of Vietnam and at a naval dispensary in Argentia, Newfoundland. He first learned of physician assistants, then an emerging field, during this time in the military.

When he returned to Augusta, he enrolled at Augusta College, but found most of the subjects didn't interest him too much. "I'd already been out in the real world, and I wanted to be learning something practical that related to a future job," he said.

One New Year's Eve, he received a call from his brother, then the hospital administrator of Burke County Hospital. The emergency room nurse was unable to come to work, and he needed someone to help cover the hospital—immediately.

Winston spent the night assisting Dr. John Palmer, the hospital's surgeon, and Dr. Palmer suggested that he apply for a new program he was starting at MCG to train physician assistants. He applied, was accepted, and was a member of the program's first graduating class in 1974. Of the 20 class members, two went on to earn medical degrees and at least four are still in the Augusta area, he said.

"The P.A. program, and the field, were all I thought they would be, and more," he said.

He worked with a family practitioner in Thomson, Ga., after graduation. "It's a wonderful feeling," he said. "You work closely with a physician and earn his trust and the patients' trust, and there's a lot of interaction in this field." He still lives in Thomson.

However, after a few years, he decided to change the focus of his work and became a sales representative for Ayerst Pharmaceuticals.

"My physician assistant training was valuable to me in the pharmaceutical field, because I already had a good basic understanding of how drugs work in the body, the chemistry background, things like that," he said. "But instead of working with patients, I called on physicians in the area, including the medical college, promoting products like Inderal and Premarin (two often-prescribed medications). Whether I'm working directly with the patient or helping the physician make choices about medications, I felt I was still helping with patient care, and I enjoyed that."

He later became a national sales trainer for Ayerst and taught new representatives subjects such as pharmacology, pharmacokinetics and pharmacodynamics.

In 1992, he joined the faculty of the Department of Physician Assistant at MCG. As the department's clinical director, he schedules and coordinates more than 30 students at more than 230 clinical rotation sites throughout the state and country. He also teaches pharmacology and sections in clinical diagnosis to first-year P.A. students.

He also is again a practicing physician assistant. Every Wednesday afternoon, he treats patients at the Tri-County Health Clinic in Warrenton, Ga., approximately 45 miles from MCG. "This helps me maintain my clinical skills and gives me the opportunity to interact with others in the health field," he said. "I can also discuss clinic patients with my small-group presentations.

"The state even gave me back my original certification number—I was the 72nd certified P.A. in Georgia," he laughed. ■

Mr. Harrison Named Chairman

Steven J. Harrison, a Medical College of Georgia alumnus who joined the faculty in 1991, has been named chairman of the Department of Medical Illustration.

Mr. Harrison taught in the biomedical communications and medical illustration departments at the University of Texas Health Science Center in Dallas from 1973 to 1984. He was the medical art director at the Arizona Heart

Institute in Phoenix from 1977 to 1984 and was artist-in-residence from 1984 to 1991 at Barrow Neurological Institute in Phoenix.

Mr. Harrison, a certified medical illustrator, earned a bachelor's degree from MCG in medical illustration in 1969 and a master's in 1970. He recently was elected vice chairman of the Association of Medical Illustrators Board of Governors. He is a member of the Biological Photographic Association and the Health Sciences Communications Association. ■

Ms. Mishoe Named Delegate of the Year

Shelley C. Mishoe, chairman of the Department of Respiratory Care, has been named 1993 Delegate of the Year by the American Association for Respiratory Care. She also has been appointed to the editorial board of *Respiratory Care* and received a $5,083 grant from the American Respiratory Care Foundation for her dissertation research to study "Critical Thinking in Respiratory Care Practice."

The respiratory care faculty and medical director received two Radiometer American Literary Awards for best features published by *Respiratory Care* in 1993: "Noise or Upper Airway Disorder?" by Franklin Dennison, Arthur Taft and Bashir A. Chaudhary (medical director); and "Left Shoulder, Neck and Chest Pain with Dyspnea and Nonproductive Cough" by C. Worth Brooks Jr. and Shelley C. Mishoe. ■

O.T. Celebration Sparks Memories

Ingrid Heggoy

Alumni attending the 20th anniversary of the Department of Occupational Therapy during Homecoming April 29 to May 1 may have recognized a few things from their school days.

Like the Raggedy Ann doll that used to belong to Dr. Nancy Prendergast's daughter: she donated it to the department for use by the first class of students, and it's still there.

Several faculty members from the early days are still active, too, and an alumnus or two has joined the faculty. Dr. Prendergast, the founding chairman, is now associate dean for academic affairs, but she still teaches a research class. Nancy Moulin, who came to MCG to re-establish the hospital's O.T. department, still teaches, as does Dr. Virginia Allen, who started the O.T. program at the Georgia War Veterans Nursing Home.

Alumni now on faculty include Bendel Rucker, who graduated from the program in 1977, Teru Creel, who graduated in 1985 and Kathryne Cammisa, a 1982 graduate of the O.T. program and a 1991 graduate of the master's program. Wendy Buckner earned a master's from MCG in 1987 and Dr. Carol Lee graduated from the master's program in 1976.

"And the enthusiasm of the students and the faculty hasn't changed," said Dr. Prendergast. "You can see that everyone believes in what they're doing, and that feeling comes through."

But many other things are new, from new facilities for the department to a new chairman and faculty members. The department's original offices were in the faculty pavilion, which was torn down several years ago to make room for the new Ambulatory Care Center/Specialized Care Center. For several years after that, O.T. was housed in the Murphey Building, before moving to its current facility in the Shepeard Building.

"Especially in the faculty pavilion, I think we were the entertainment for the campus," remembered Dr. Prendergast. "So many of our learning activities are fun. I remember once our students had to plan an activity, and they organized an Easter egg hunt in the fountain area of the faculty pavilion. They hid eggs everywhere—even in the fountain and on top of the lights. We were out there, getting eggs out of the fountain, looking under bushes, shimmying up the lamp posts—faculty from other departments just came out and stood on the balconies to watch us."

From the first class of 12, the program has grown to include 44 bachelor's students each year, 14 O.T. associate-degree students and five students in the master of health education program, according to Dr. Ricardo C. Carrasco, the current department chairman. Dr. Carrasco joined the faculty in 1983 and was named chairman in 1992.

"I'm very proud of the fact that we now have a fully staffed, active faculty of 11," he said. "Our areas of expertise are well-distributed in order to teach the varied subjects required in our program."

Faculty members have published several articles in O.T. and other professional journals over the past year, and they are active in local, state and national professional associations, he said.

Four faculty members, including Dr. Carrasco, are involved in a research project studying the efficacy of the use of play in occupational therapy for minority preschoolers. The study is in cooperation with the HeadStart program and funded through the state's Indigent Care Trust Fund. Faculty members also are involved in research projects on clinical supervision, clinical reasoning, efficacy of treatment approaches and learning styles.

The program also has its choice of highly qualified students. "Because of the number of qualified applicants, it has become extremely competitive," Dr. Carrasco said. "Last year, 223 students applied for 44 bachelor's-degree slots and 52 applied for the 14 O.T.A. positions."

The curriculum for both programs has been revised over the past few years, he said, reflecting changes in technology and the field in general. The curriculum also emphasizes working with diverse populations, scholarly activities and an increased involvement in professional activities.

"We have many new treatment approaches and frames of reference. We have new resources for teaching that weren't available several years ago, including videos and computers, and our greater variety of faculty with specialization in a number of areas gives us a great deal of flexibility." ■

Class Notes

Deborah Willard Randall (MT, '76), Columbus, Ga., graduated summa cum laude from Columbus College in June '92 with a bachelor's of business administration. In November '93, she passed all parts of the Uniform Certified Public Accountant exam. She and husband Ralph Randall of North Augusta have 2 sons, Bryan, 12, and Nathan, 8.

Lori A. Nobles (MRA, '87) is director of health information services at McDuffie County Hospital in Thomson, Ga. She is responsible for transcription, utilization review, social services, medical staff credentialing and risk management.

Dr. Caughman Named Chairman of Oral Rehabilitation

Glenn Hudson

Dr. Frank Caughman, professor of oral rehabilitation at the Medical College of Georgia, has been named chairman of the School of Dentistry's Department of Oral Rehabilitation.

Dr. Caughman has served as interim chairman since the formation of the new department in

Dr. Frank Caughman

January 1993, when the departments of prosthodontics and restorative dentistry were combined.

Dr. Caughman earned his bachelor's degree from Clemson University in 1976. He graduated from the Medical University of South Carolina School of Dentistry in 1979 and spent two years there in a general dentistry residency. He earned his master's degree in educational psychology from Mississippi State University in 1985.

He joined the MCG School of Dentistry faculty in 1985 as assistant professor of restorative dentistry. ■

Clinical Trials Strengthen MCG's Link to Corporate World

Glenn Hudson

Dr. Gene Dickinson is good at keeping secrets. He has to be. The companies that invented the products he tests demand the utmost confidentiality.

Dr. Dickinson, associate professor of oral rehabilitation at the Medical College of Georgia School of Dentistry, conducts clinical trials for companies who want to gain American Dental Association approval for their products.

The MCG School of Dentistry completed renovations to clinic five in February, which gives Dr. Dickinson the space and equipment he needs and the privacy that dental product manufacturers require to perform clinical trials.

"These products are already approved by the Federal Drug Administration as being safe," said Dr. Dickinson. "We make sure it is possible that these products can be used effectively in dentistry."

In addition to attracting research dollars to the MCG School of Dentistry, the facility has the potential to enhance the school's reputation in the manufacturing community and with the dental community in general, said Dr. Dickinson.

Dr. Dickinson studied clinical trials under Dr. Carl F. Leinfelder at the University of Alabama, Birmingham. Dr. Leinfelder is widely regarded as the leading expert in clinical trials research,

Dr. Gene Dickinson

said Dr. Dickinson.

Current MCG projects include work with adhesive and restorative dental materials, dental sealants and tooth-whitening agents. Most projects bring in $20,000 to $80,000 for a three-to five-year study.

One of the companies Dr. Dickinson has worked with for the past year is Bisco Inc., which manufactures All-Bond 2, an adhesive material which bonds to dentin. Bisco has been working with Dr. Dickinson to gain evidence to support its claim that All-Bond 2 can be used successfully with other dental restorative materials, even those manufactured by other companies.

Dr. Dickinson tested All-Bond 2 with Kerr Manufacturing's restorative material, Herculite XRV, for the past year. The initial results of the study support Bisco's claim and marks one of the first successful trials at the MCG School of Dentistry, said Dr. Dickinson.

Dr. Dickinson joined the staff of the MCG School of Dentistry in August 1991. He was assistant professor of operative dentistry and dental materials at West Virginia University for five years before joining the faculty at MCG.

Dr. Dickinson maintained a private practice in Moulton, Ala., from 1963 to 1986. He graduated from the University of Tennessee College of Dentistry in 1963. ■

Dr. Adair Named to Editorial Board

Dr. Steven Adair, chairman of the Department of Pediatric Dentistry at the Medical College of Georgia School of Dentistry, has been appointed to the editorial board of Pediatric Dentistry, the journal of the American Academy of Pediatric Dentistry.

Dr. Adair's appointment will begin at the academy's annual session May 26-31 in Orlando, Fla. ■

Dental Senior Awarded Scholarship

Glenn Hudson

Medical College of Georgia School of Dentistry senior John Drawdy has been awarded the first annual Georgia Aftco Associates Practice Administration Scholarship Award.

The $500 scholarship, presented by Frederick Willeford, owner of the Georgia Aftco Associates, is presented to the senior dental student with the highest grade point average in the first quarter of practice administration, a class designed to teach dental students the aspects of running a business. The first course in practice management is given during the spring quarter of the junior year.

Mr. Willeford's business, Georgia Aftco Associates, specializes in accounting, practice appraisal and evaluation of dental practices. He lectures each fall for Dr. Arthur R. Croft, director of practice administration at the MCG School of Dentistry.

"Our students at MCG receive one of the best backgrounds in

practice management given today in American dental schools," said Dr. Croft. "Most of the nation's dental schools do not have structured courses in business." ■

Dr. Steflik Wins Publication Award

Glenn Hudson

Dr. David E. Steflik, associate professor of oral pathology at the Medical College of Georgia School of Dentistry, has been awarded the second annual Quintessence/Academy of Osseointegration Research Award for best paper published in 1992 in the *International Journal of Oral and Maxillofacial Implants.*

Dr. Steflik also has been named a charter member of the Implant Dentistry Research and Education Foundation Scientific Advisory Board.

Dr. Steflik will present his article, "Electron Microscopy of Bone Response to Titanium Cylindrical Screw-Type Endosseous Dental Implants," as the keynote speaker at the ninth annual meeting of the Academy of Osseointegration at Disney World in Orlando, Fla., March 4.

MCG School of Dentistry faculty members Dr. Philip Hanes, associate professor and director for advanced education in periodontics, Dr. Francis Lake, associate professor of oral biology and assistant professor of cellular biology and anatomy in the MCG School of Medicine, Dr. Gregory R. Parr, professor and director of the maxillofacial and prosthetic service, and Dr. Allen Sisk, professor of oral and maxillofacial surgery, were co-authors of Dr. Steflik's article.

As a member of the foundation's advisory board, Dr. Steflik will review grant proposals for dental research and make recommendations to the foundation's board of directors.

Dr. Steflik joins the eight-member international board, which includes members from Brazil, England, Germany, Japan and the United States. ■

Dental Student's Research Awarded

Glenn Hudson

Sophomore dental student Jackie Harper has been recognized for her research by a panel of faculty at the Medical College of Georgia School of Dentistry.

Ms. Harper was named Outstanding Student Table Clinician of the Year for her research, which involves studying the inadequacies of contemporary soft denture liners and testing materials that could serve as better alternatives. The research is called a table clinic because a complete research summary is mounted on cardboard and presented on a table top.

The School of Dentistry sponsored table clinic competitions for its students Feb. 2.

Ms. Harper was presented a $200 award from the Eastern District Dental Society of the Georgia Dental Association and a trip to New Orleans from Dentsply, where Ms. Harper will present her table clinic at the American Dental Association national meeting in October. Dental students nationwide will present their table clinic research and a national winner will be chosen.

"This program offers each school a chance to showcase its students," said Bill Leo, Southeast district manager of Dentsply, which sponsors students across the country to attend the meeting.

Ms. Harper's research was done under the guidance of Dr. Frederick Rueggeberg, associate professor of oral rehabilitation in the section of dental materials. It was supported by a short-term training grant for students in health professional schools from the National Institute of Dental Research and the National Institutes of Health.

Student table clinic day activities included a lecture on bleaching techniques by Dr. Van Haywood, associate professor of oral rehabilitation, and an assembly of manufacturer's representatives who displayed the latest in dental supplies and tools of the trade. The profits from the manufacturer's displays will benefit the activities of the MCG chapter of the American Student Dental Association. ■

Dental Seniors Rank 4th in Nation

Glenn Hudson

The senior class of the Medical College of Georgia School of Dentistry ranks fourth in the nation out of 55 dental schools, according to recent scores from part two of the American Dental Association National Board Exam.

The highest average score on the exam for a senior class of dental students was 88.4. MCG's dental students averaged 84.0. They rank second in the country in operative dentistry and orthodontics-pedodontics. They rank third in the country in prosthodontics. The national average score on the exam was 81.

"There aren't many ways you can rank schools other than by board scores. So we tend to look at these results with a great deal of importance," said Dr. Wallace Edwards, associate dean for students, alumni and academic affairs at the MCG School of Dentistry. "This is an objective, outcome-based measure. It is reliable and looks at all the schools in the country at the same time in the same way."

The 1993 MCG School of Dentistry senior class ranked third in the country. ■

Dental Student Honored for Research

Glenn Hudson

A sophomore at the Medical College of Georgia School of Dentistry has been awarded first place in the basic sciences division of the First Annual Colgate International Competition for Students in Dentistry, sponsored by Colgate-Palmolive Canada, Inc.

Benjamin Adams won a trip to the International Association of Dental Research annual meeting in Seattle March 9-13, where he presented his research titled "A Comparative Investigation in Dogs: Two-Year Morphometric Results of the Dental Implant-Bone Interface." Mr. Adams' research was sponsored by the Short Term Research Training Program, funded by the National Institutes of Health and the National Institute of Dental Research.

Mr. Adams' faculty sponsors were Dr. David Myers, dean of the MCG School of Dentistry; Dr. Thomas Dirksen, associate dean for research, continuing education, graduate education and director of the Short Term Research Training Program; and Dr. David Steflik, associate professor of oral pathology. ■

Dr. Abraham Named to Study Section

Dr. Edathara C. Abraham, professor of biochemistry and molecular biology at the Medical College of Georgia, has been appointed to the Visual Sciences Study Section of the National Institutes of Health.

The study section reviews research grant applications related to vision biochemistry, molecular biology and physiology and related eye diseases. After review, study sections make recommendations on grant applications to the appropriate NIH advisory council or board. Section members also survey the status of research in their fields of science.

Dr. Abraham will serve a four-year term. ■

Brain Signals Hold Key to Reproduction

Toni Baker

Chemical signals called excitatory amino acids that enable the brain to communicate with the body are the focus of research at the Medical College of Georgia that should help scientists better understand reproduction, puberty, memory and even movement.

"There is very little understood about the brain and how it functions," said Dr. Darrell W. Brann, MCG neuroendocrinologist. In fact, the National Institutes of Health has declared the 1990s the decade of the brain, funding research such as the $509,000 grant recently awarded to Dr. Brann, to better understand this complex frontier.

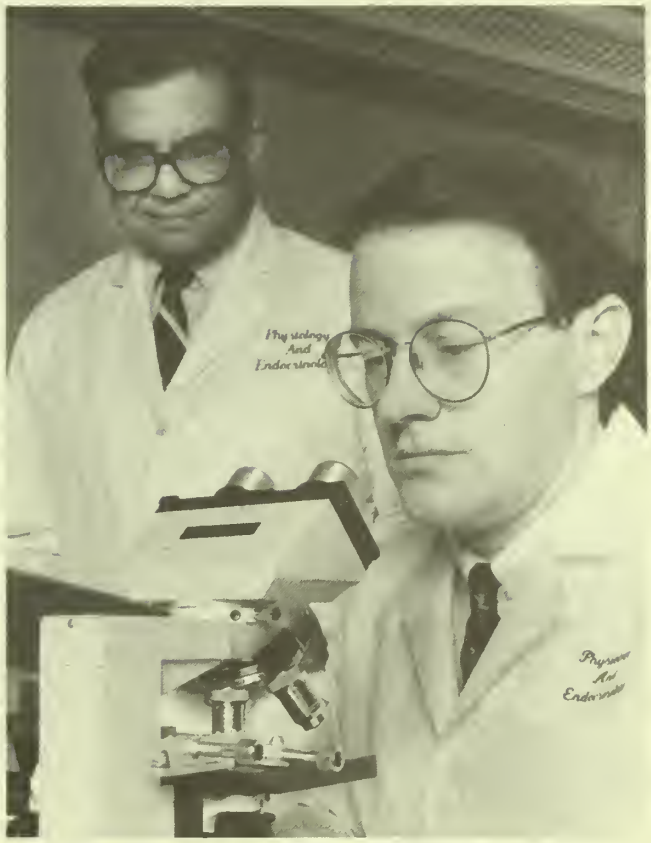
Dr. Brann is working with Dr. Virendra B. Mahesh, chairman of the MCG Department of Physiology and Endocrinology, to explore the efficient communication system that allows billions of cells called neurons to interact.

The brain's neurons first generate electrical signals that run their length. "When (the signal) reaches the end, it stimulates a release of chemical signals, and that turns on the next neuron," Dr. Brann said. Synapses are the points at which neurons touch, resulting in chemical communication. MCG researchers are looking at two excitatory amino acids released at this juncture, glutamate and aspartate, chemicals used by up to 50 percent of the brain's neurons.

"They are interesting compounds because they do so many things; they are thought to be involved in so many pathophysiological processes because they constitute one of the major excitatory transmitters in the brain," Dr. Brann said.

Researchers believe these chemicals enable people to memorize. In excess concentrations, excitatory amino acids are responsible for neuron death, so, ironically, they also may play a role in diseases such as Alzheimer's, Parkinson's and stroke. Dr. Brann is concentrating on their role in reproduction, especially in regulating ovulation.

The system he is studying is a full feedback one that begins when the ovaries release steroids that signal to the brain their readiness to release an egg. The brain's hypothalamus responds by releasing a compound called gonadotropin-releasing hormone, a chemical messenger released in the bloodstream. Gonadotropin-releasing hormones stimulate the release of other hormones, luteinizing hormones (LH) and follicle-stimulating hormones (FSH), by the pituitary gland at the base of the brain. LH and FSH then travel through the bloodstream to receptors in the ovaries, where FSH causes follicles that contain eggs to grow. LH is responsible for the 1 percent of follicles that actually survive and rupture, releasing an egg that might be fertilized by sperm.



Drs. Virendra Mahesh (left), Darrell Brann

During most of the female cycle, the ovarian steroids, estradoil and progesterone, inhibit LH and FSH secretion. But at mid-cycle, this negative feedback of estradoil and progesterone suddenly changes to a positive feedback resulting in a massive release of LH and FSH, which induces ovulation.

"We don't know how in the brain something could be negative and then, all of the sudden, be positive. So that's one of the things we are working on, understanding the positive feedback."

This takes Dr. Brann back to the brain and excitatory amino acids. In animal models in the laboratory setting, he has induced an LH surge with glutamate.

Research at MCG was the first to show that giving glutamate antagonists designed to block glutamate action also prevents the pre-ovulatory LH surge and ovulation.

"That means that glutamate neurotransmission is critical for the production of the mid-cycle LH surge," Dr. Brann said. "So it's one of the main regulators of the LH surge."

MCG studies have helped define the role of excitatory amino acids as one of the main transmitters in this feedback system that begins with steroids released by the ovaries and that results in the LH surge. But this is likely just the beginning of confirming the complete role of these chemical messengers.

Excitatory amino acids also appear to have an important role in puberty, which, like ovulation also occurs because of an LH surge. Dr. Brann and other researchers have shown that administration of glutamate can actually advance the time of puberty in laboratory animals.

Work at MCG also has shown glutamate receptors stay the same in the hypothalamus during puberty, so Dr. Brann believes an increase in the amount of glutamate has a key role in this maturation process. Other researchers also have reported that glutamate levels increase at puberty, Dr. Brann said. And, as antagonists that block glutamate action can interfere with ovulation, they also can be used to delay puberty in animals models.

The researcher, a 1990 graduate of MCG's School of Graduate Studies, hopes work to better understand this complex communication system provides information that leads to better birth control and infertility treatment as well as improved treatment of memory and movement disorders. ■

Research May Target Time Period for Contraception, Infertility Treatment

Toni Baker

Researchers believe that finding how progesterone stimulates communication between the brain and body that results in ovulation should lead to effective contraception and infertility treatments that focus on a few days each month.

"On one side of the spectrum, you have the issue of overpopulation and the need for contraception. On the other side, you have infertility," said Dr. Virendra B. Mahesh, chairman of the Medical College of Georgia Department of Physiology and Endocrinology. "In order to (control) both of these things, you have to have a very good understanding of the process that regulates ovulation."

Dr. Mahesh's research efforts have focused on the reproductive system for more than 30 years. He was the first to document the key role of progesterone, an ovarian steroid, in ovulation. Now, he has received an $853,351 grant from the National Institutes of Health to determine exactly how progesterone fills this role.

Ovulation is set in motion when growing ovarian follicles release the steroids, progesterone and estradoil, that travel through the bloodstream to the brain with the message that the ovaries are ready to release an egg. The brain's hypothalamus responds by releasing the chemical messenger, gonadotropin-releasing hormone. This stimulates the pituitary gland at the base of the brain to release luteinizing hormones (LH) and follicle-stimulating hormones (FSH).

LH and FSH then travel through the bloodstream to receptors in the ovaries where FSH causes follicles containing eggs to grow. LH helps the dominant follicle rupture and release an egg. Meanwhile, levels of progesterone continue to build to prepare the lining of the uterus for a fertilized egg.

During most of the female cycle, estradoil and progesterone act to inhibit LH and FSH secretion. Only during midcycle does a massive release of these hormones induce ovulation. Dr. Mahesh also is working with Dr. Darrell W. Brann, an MCG neuroendocrinologist, to understand why the inhibition suddenly turns to induction.

In his studies, Dr. Mahesh has given antagonists to progesterone and blocked the gonadotropin surge that leads to ovulation.

"If you give this compound at a time when progesterone is secreted, it can block the effect of progesterone because it competes for progesterone receptors. And if you give an antagonist to progesterone, it blocks ovulation. It blocks the gonadotropin surge, so we established a strong physiological role of progesterone in the trigger of the ovulatory surge," Dr. Mahesh said.

One of progesterone's roles in controlling ovulation is to signal stimulation of gonadotropin-releasing hormones. These stimulants—including excitatory amino acids, neuropeptide Y and norepinephrine—are chemical messengers that enable passing a message between the brain and body by allowing neurons to communicate. Since gonadotropin-releasing hormone neurons do not have progesterone receptors, these neurons depend upon the stimulants to receive progesterone's message.

At the same time, progesterone appears to suppress inhibitory influences that deter communication between neurons. One way progesterone appears to do this is by preventing glutamate — one of the excitatory amino acids that enables communication between the brain and body — from being converted to an inhibitor of communication called gamma aminobutyric acid (GABA).

"If you want to get gonadotropins secreted, then you can either decrease the negatives or increase the positives, or both," Dr. Mahesh said. "Glutamate is converted in the hypothalamus to GABA. The enzyme that converts glutamate to GABA is glutamic acid decarboxylase. If progesterone were to inhibit this enzyme, then what you would have is an accumulation of glutamate and a decrease in GABA. So you increase the positive, decrease the negative and you get a gonadotropin surge. That is how we think progesterone does it and that is what we are going to verify in this grant."

The surge lasts only a few hours. Being able to anticipate it and control it could result in a whole new approach to contraception and infertility treatment, Dr. Mahesh said. "The aim is to try to treat infertility or contraception with as little or as short (a period) of medication as possible." ■

Note to Alumni

We would like to reprint abstracts or summaries of recent publications by our alumni, along with comments on techniques, significance or any other anecdotes related to the published work which the author would like to share. If interested, please contact me or Terrie Damato English, MCG Division of Institutional Relations (phone: 706-721-3397; FAX: 706-721-6723), or write to:

School of Graduate Studies
Alumni Association
Medical College of Georgia
Alumni Center, FI-1000
Augusta, GA 30912

Charles R. Keifer, Ph.D.
President, School of Graduate Studies Alumni Association ■

Dr. Bowden Elected to Board of Governors

Toni Baker

Dr. Talmadge A. Bowden Jr., chief of the section of gastrointestinal surgery at the Medical College of Georgia, has been elected to the board of governors of the American College of Surgeons.

Dr. Bowden was elected a governor-at-large from Georgia at the 1993 annual meeting of fellows of the American College of Surgeons and will serve through October 1996.

Governors are the direct communication link between chapters or surgical specialty societies and fellows, officers, regents and staff of the American College of Surgeons.

Dr. Bowden is a member of the college's Georgia Credentials Committee and chairman of the Georgia chapter's Education Committee. He is council member and former president of the Georgia Surgical Society. He is a member of the board of governors and education committee and former president of the Society of American Gastrointestinal Endoscopic Surgeons. Dr. Bowden is a councilor-at-large for the Southeastern Surgical Congress and editor-in-chief of *The American Surgeon.*

Dr. Bowden is a 1966 graduate of the MCG School of Medicine who completed his surgery training at MCG in 1971 and joined the faculty in 1973. ■

Dr. Talmadge Bowden

Dr. Fincher Named to Editorial Board

Toni Baker

Dr. Ruth-Marie E. Fincher, an internist and associate dean for curriculum at the Medical College of Georgia School of Medicine, has been named to the editorial board of *The American Journal of Medicine.*

Dr. Fincher, who assumed her three-year term on the board Jan. 1, was nominated by the publications committee of the Association of Professors of Medicine, sponsor of the journal.

Dr. Fincher joined the MCG faculty in 1984. She serves as a reviewer for *The American Journal of Medicine* as well as other professional journals such as *Southern Medical Journal, Journal of General Internal Medicine* and *Academic Medicine.*

She is a member of the Association of American Medical Colleges' Research in Medical Education Planning Committee (RIME) and the AAMC's Group on Educational Affairs' Small Group Discussions and RIME Paper Review Committee as well as the dean's delegate from MCG to the AAMC's Group of Educational Affairs.

She is a member of the Society of General Internal Medicine's Education Committee and a representative to the American Medical Association's Section on Medical Schools. ■

Dr. Ruth-Marie Fincher

Study Traces Career Paths of Minority Graduates

Toni Baker

Most black medical school graduates go into primary care and most practice in their home state, according to a study of black graduates of the Medical College of Georgia School of Medicine between 1971 and 1992.

Of the 136 black graduates in the 21-year period, 95 had completed training and were ready to discuss specialty choice and practice locales. Seventy of the 95 responded to MCG's survey.

Eighty percent of the responding graduates were in primary care, which for the purposes of the survey included family medicine, internal medicine, pediatrics and obstetrics and gynecology.

Eighty-three percent, or 58 of the 70 graduates who responded, were practicing in Georgia or an adjacent state, with 50 of those 58 graduates in Georgia, five in South Carolina and three in Florida. Forty-six percent served low-income populations.

By contrast, from 1971 to 1989, 32 percent of all graduates of the MCG School of Medicine selected primary-care specialties and 51 percent practiced in the state.

"The Association of American Medical Colleges is putting an emphasis on getting people in primary care, and health-care reform is doing the same," said Dr. Vera B. Thurmond, associate professor of medical education and associate director of the Student Educational Enrichment Programs at MCG. "But nobody knows who is likely to go into primary care."

The assessment of MCG's black graduates at least shows that minority students seem more likely to go into primary care and to go back home to practice, said Dr. Thurmond. She and Dr. Louis L. Cregler, former associate dean for minority affairs at MCG, were co-authors of the study that was published in a recent edition of the journal *Academic Medicine.*

"This study confirms other surveys of physicians in practice that suggest that minority physicians choose primary-care specialties and practice among underserved populations," Drs. Thurmond and Cregler wrote.

"The availability of more generalist physicians remains the key to improving access to affordable health care for those living in the inner-city and rural areas," the researchers wrote. "The present findings have implications for medical schools seeking to increase the number of underrepresented minorities in medicine."

The next question might be why the black graduates made the specialty choices they did, said Dr. Joseph Hobbs, associate dean for

primary care at MCG. "If those choices were made for positive reasons, then it might be something we can use to choose other students who might also make those decisions," Dr. Hobbs said.

A breakdown of numbers shows that of the 70 black graduates who responded to the questionnaire, 51 were men, 25 were in family medicine or a general practice, 14 were in internal medicine, nine were in pediatrics and eight were in obstetrics and gynecology.

Thirty-four of the 136 black graduates of the MCG School of Medicine from 1971 to 1992 were still in training and so excluded from the study.

Forty-six of the 70 graduates who responded to the survey were board-certified, 32 reported ser-ving low-income patients, 54 practiced in urban settings and 16 worked in rural environments. Eight were full-time medical school faculty and 12 held clinical appointments at medical schools. ■

Alumnus Contributes to McCranie Fund

Dr. Evan M. Torch, a 1976 graduate of the Medical College of Georgia School of Medicine, has contributed $10,000 to the E. James McCranie, M.D. Award Scholarship fund.

The scholarships are awarded to MCG medical students for clinical excellence in psychiatry. The fund is named in honor of Dr. McCranie, chairman of the Department of Psychiatry from 1957 to 1979.

Dr. Torch, a psychiatrist practicing in Dunwoody, Ga., earned a bachelor's degree from Mercer University. After graduating from MCG, he completed a residency there, then served as an assistant professor of psychiatry at MCG. He served as an assistant clinical professor of psychiatry at Emory University School of Medicine before beginning a private practice in 1981. Dr. Torch also is an associate clinical professor of psychiatry at MCG.

He is a member of the MCG School of Medicine Alumni Association Membership Committee and is president of the medical staff at Peachford Hospital. Dr. Torch was one of 100 psychiatrists from around the world invited to contribute to the first international conference on obsessive-compulsive disorders and other neurotic disorders.

Dr. Torch and his wife, Robin, have two daughters and live in Sandy Springs, Ga. ■

Class Notes

Dr. James W. Bennett was awarded the 1994 Angel Award by the CSRA Girl Scout Council for 40 years of volunteer service and citizenship in the Augusta area. Along with his many volunteer efforts, he is a supporter of the Harry Jacobs Chamber Music Society, Augusta Opera and Augusta Symphony League. He is a member of the Aiken-Augusta Orchid Society. He and wife Florence have one son and three grandchildren.

Dr. James Dudley ('55), Toccoa, Ga., has joined the Toccoa Clinic in the Department of General Surgery. He is certified by the American Board of General Surgery and is a fellow in the American College of Surgeons. He is a member of the American Society of Gastroenterology Intestinal Endoscopy.

Dr. Samuel M. Goodrich ('61), Milledgeville, Ga., has been elected president of the South Atlantic Association of Obstetricians and Gynecologists.

Dr. Arnold P. Mulkey ('66) has been appointed by South Carolina Gov. Carroll Campbell to service on the Emerald Center Multi-County Board for Disabilities and Special Needs.

Dr. Clinton (Chip) E. Branch Jr. ('73), Gainesville, Ga., has been elected to a second term as president of the Georgia Neurological Society.

Dr. Gwen Morgan ('81) has been named attending physician for adult psychiatry inpatient services of the MCG Department of Psychiatry and Health Behavior.

Dr. Howard T. Walpole Jr. ('81) married Sally Rose Taylor Sept. 25, 1993.

Dr. David T. Sauls ('83), Toccoa, Ga., has joined the Toccoa Clinical Medical Association as an obstetrician/gynecologist. He is a member of the American Medical Association and the Medical Association of Georgia.

Dr. Cedric Porter ('84) was honored recently by friends, co-workers and church family of Sandersville, Ga., in a special program, "Salute to Dr. Porter." Dr. Porter is a member of the American Medical Association, the National Medical Association, the American Academy of Family Physicians and the Medical Association of Georgia.

Dr. Bernard Drexinger ('86) has opened an office at Northwoods Medical Specialists in Cumming, Ga.

Dr. Thomas U. Muller ('87) has been awarded board certification as a diplomate by the American Board of Otolaryngology. He is a member of the American Academy of Facial Plastic and Reconstructive Surgery, the American Medical Association and the American Academy of Otolaryngology Head and Neck Surgery.

Dr. Park W. Pratt III ('87), rheumatology/internal medicine, has joined the staff at Southeast Alabama Medical Center.

Dr. Kim A. Cook ('89) married Dr. Meghan Brogan ('91) Oct. 17, 1993. They live in Salt Lake City.

Dr. Chad T. Couch ('89) married Carolyn Lynn Hutchenson April 16, 1993.

Dr.Joe E. Gaskins ('89) has begun an obstetrician/gyneoclogy practice in Walton County, Ga.

Dr. Spencer Patterson ('89), a neurologist, opened a practice in Vidalia, Ga., recently at Vidalia Internal Medicine.

Dr. Daniel Rabb ('89) has joined the dermatology practice of his father, Dr. Forte Rabb, in Gainesville, Ga.

Dr. George A. Wheeler ('89) married Sandra Trowell in September 1993.

Dr. Yong Chol Bradley ('90) married Dawn Marie Garrett (occupational therapy, '91) Oct. 2, 1993.

Dr. Rhonda M. Green ('93) married David A. Cornelius June 12, 1993.

Dr. Gregory K. Patterson ('93) married Frances Larson Dec. 11, 1993.

Dr. James A. Upshaw ('93) married Amanda Lou Gilpin May 21, 1993. They live in St. Louis.

Dr. Dorothy White Sherrer ('52), Marietta, Ga., is a psychiatrist and was associated with the Center for Interpersonal Studies until recently. She also is associated with Emory University. She has six children and eight grandchildren.

Dr. Mims C. Aultman ('53), Washington, D.C., an internal medicine physician, retired in September 1993 after nine years as director of Health Care Services at a life care reitirement center, the U.S. Soliders' and Airmen's Home in Washington. Prior to that, she had retired from the U.S. Army after 25 years. Her current "occupation" is doing what she wants to and traveling as much as she can afford. She traveled in December to Cape Town, South Africa and took a transatlantic cruise to Antarctica and the Tierra del Fuego.

Dr. Elizabeth Morgan Heimburger ('67), Columbia, Mo., practices adolescent psychiatry in an office attached to her home. She retired from academic child and adolescent psychiatry at the University of Texas Medical Branch-Galveston in 1987. Her children, Margaret and Richard (both born at MCG during med school and internship), have completed graduate school. Her youngest, Katie, is completing pre-med. Dr. Heimburger spends as much time as possible in her garden or with her grandchildren.

Dr. John E. Turrentine ('79), Elkin, N.C., recently published a book for Ob/Gyn students, interns, residents and physicians titled *Surgical Transcription in Ob/Gyn.* He lives in the North Carolina mountains and has 4 children: Jake, Joe, Mary and Polly.

Dr. Christopher U. Cates ('82) has been named medical director of research at St. Joseph's Heart Institute at St. Joseph's Hospital in Atlanta. Ongoing studies of new treatments for heart disease at the institute include atherectomy, laser angioplasty, angioscopy, new drug trials and studies in cost-effectiveness. Dr. Cates recently participated in a forum at the Carter Presidential Center discussing President Clinton's health-care plan. He also preesented a paper at the American Heart Association's annual meeting about the 80 mm angioplasty balloon he developed in conjunction with a medical device company.

Obituaries

Dr. Floyd E. Davis ('44) died in August 1993.

Dr. John B. O'Neal ('44) died Oct. 21, 1993.

Dr. Robert H. Brown ('47) died Oct. 20, 1993.

Dr. Halden E. Reese ('47) died in July 1993.

Dr. Joseph Lee ('48) died Aug. 18, 1993.

Dr. Robert L. Pearce ('54) died in September 1993.

Nurses Implement Statewide Training Course

Christine Hurley Deriso

Two Medical College of Georgia nurses have implemented a statewide course to bolster nurses' skills in treating pediatric emergencies.

The Emergency Nurses Association developed the Emergency Nursing Pediatric Course in January 1993. Sara Wiggins and Debbie Hawkins took the course in February and became the first two Georgians certified to teach it.

Ms. Wiggins, trauma coordinator in the Department of Surgery, and Ms. Hawkins, a clinical nurse specialist in emer-gency services, presented the first course in Georgia at MCG in November. Sixteen registered nurses from throughout Georgia attended. Those who passed written and clinical exams following the course will be monitored by the instructors during a trial run teaching the course, then will be eligible for certification themselves.

The three-day course includes lectures and hands-on demonstrations. "It is an extremely comprehensive course that deals with all aspects of emergency pediatric care—triage, neonatal care, child abuse—the list goes on and on," Ms. Wiggins said. "And it's specifically for registered nurses, although anyone can audit the course. It's course designed by nurses for nurses."

The Emergency Nurses Association tailored the course based on what nurses indicated was lacking from their training. "It's very difficult emotionally and physiologically caring for a child in an emergency situation," Ms. Hawkins said. "The major focus throughout the course is what's different about pediatric care as opposed to caring for an adult."

The course also addresses the needs of family members throughout a child's care and the need to involve them in the treatment process. "The family is almost a second patient in pediatric care," Ms. Wiggins said.

Another important element of the course is that many nurses, especially those in rural areas, practice in facilities that lack pediatric subspecialists or equipment. This course increases their knowledge base and confidence level, thus raising the standards of care, Ms. Wiggins said.

Feedback from the course indicates the instructors are on the right track, she said. "The response was wonderful. Nurses liked the broad lecture content and the hands-on aspects of the course," Ms. Wiggins said. "It's very gratifying to offer courses like this and have people come back and tell us they've learned so much. Maybe what we're doing will make a difference in a child's outcome somewhere down the road."

Ms. Hawkins and Ms. Wiggins will teach the course in Atlanta in May. ■

Sara Wiggins (left), Deborah Hawkins display procedure on mannequin.

Students, Alumni, Faculty Eligible for Award

Graduate nursing students, nursing faculty and nursing alumni of the Medical College of Georgia are eligible to apply for a research fund honoring a deceased master's-degree alumna.

The Marilyn Chew Lunn Memorial Oncology Nursing Research Fund was established in October 1992, named for the 1975 alumna of MCG's graduate nursing program and a faculty member for several years. She died Sept. 13, 1992 after a four-year battle with ovarian cancer.

A $500 check is presented to the fund's recipient each year at the nursing school's honors convocation. Applicants must be actively involved in some aspect of cancer patient care, education and/or research.

Four copies of a curriculum vitae and four copies of the application must be submitted to Dr. Vickie A. Lambert, dean of the School of Nursing, by March 15 of each year. A three-member committee reviews applications and selects the recipient based on clarity, originality and contribution to nursing knowledge. Students' research proposals must have final approval from the dissertation/thesis committee prior to funding.

For more information, contact Dr. Lambert at (706) 721-3771. ■

...continued from page 9
discovered recently.

"The creation of this immunogenetics laboratory within MCG's Institute of Molecular Medicine and Genetics will go a long way toward bringing this medical technology of the future to the state of Georgia," Dr. Tedesco said. ■

MCG Pharmacy Wins Second Place in National Competition

The Medical College of Georgia has won the second-place National Hospital Pharmacy Quality Award, sponsored by Abbott Laboratories to recognize achievement in pharmacy quality management.

The award and a $5,000 institutional grant were presented to Dr. Rusty May, associate pharmacy director, in a recent ceremony at the American Society of Hospital Pharmacists' midyear clinical meeting in Atlanta.

MCG earned second place by developing guidelines to safely and effectively administer potassium chloride, one of the most dangerous intravenous drugs commonly used in hospitals, according to Abbott Laboratories. Serious complications can occur if the drug is given to patients with potassium deficiencies in doses that are too concentrated and at infusion rates that are too fast.

"Thanks to the great teamwork by doctors, nurses and pharmacists, we developed guidelines that were acceptable to everyone involved," Dr. May said. "As a result, we achieved more than 95 percent compliance and patients are not exposed to possibly harmful doses of potassium chloride."

More than 100 hospital pharmacies submitted entries for the Abbott awards. Winners were selected by a panel of judges consisting of prominent clinical and industry pharmacy professionals. All U.S. hospitals were eligible to compete. Applicable quality improvements included but were not limited to: reduced errors in ordering and preparing medica-tions; waste reduction and cost savings; improved patient out-comes, assurance of appropriate drug therapies; and staff productivity.

Ten hospital pharmacies were awarded in categories ranging from honorable mention to first place. Award grants ranged from $1,500 to $10,000.

"Hospital pharmacists play a critical but often unnoticed role in patient care," said Christopher B. Begley, vice president and general manager of Abbott's Hospital Products Division. "We hope the awards will bring greater attention to the contributions pharmacists make every day in communities throughout the nation.

"As evidenced by the superb entries we received, it's very clear that quality management is being elevated to new heights throughout the nation," he said. ■

AlumNews

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Writers Toni Baker
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Design Travis Tom
Photography Phil Jones

Deadline for submitting information for publication in the summer issue of Alumnews is May 16, 1994

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Cynthia Corbett and David Ward with three of their five children

Plugging Away

David Ward, Cynthia Corbett and their five young children stayed in an Augusta motel room for a week in February.

They weren't vacationing. They simply had no place else to go and were relying on the charity of a motel proprietor who offered the temporary accommodations.

They were grateful for the help, but as the week wore on, nerves had turned brittle. "I'm just tired," said Ms. Corbett, who wore the fatigue on her face. "The kids can't go outside to play and they get a little wild."

The family's meager possessions—a couple of changes of clothes per child, a few stuffed animals, an extra mattress—were piled up around them. The toddlers flitted about restlessly. The baby, wearing an eerie look of resignation, uttered not a sound.

"But we're doing OK," Mr. Ward insisted. "I've got a few job leads. I just have to find us some place to live. We have to be out of here by Tuesday...."

By Tuesday....

One sensed that Mr. Ward could almost hear the seconds ticking away, a countdown to the moment at which his family once again had no shelter except for the old, battered car with treadless tires parked outside their motel room.

But the family was no longer bearing the burden alone. Members of Coordinated Health Services, Inc. had recently shown up at their door offering assistance. The group, which Medical College of Georgia School of Nursing faculty member Dr. Shirley George helped found in 1992, predominantly offers health services to homeless and other extremely poor members of the community. But group members also address other needs of the poverty-stricken, matching them up with community resources and doing the legwork involved in helping them get by from one day to the next.

On this particular day, Dr. George was scrambling to help the family find a place to live. "The list for public housing is a mile long," Dr. George said quietly, as if the wheels in her mind were spinning in search of a solution. "Even the most run-down old houses might rent for $500, and that's practically their whole income (which comes from government benefits). There was the possibility for a little house in South Carolina, but they're trying to keep the girls in the same school...."

But Dr. George, associate professor of community nursing at MCG and project director of Coordinated Health Services Inc., wasn't giving up. She never does, even in the face of the most formidable, overwhelming problems. She's learned that a little help can go a long way, and any help is better than none at all. The key, she seems to have determined, is to keep plugging away.

This particular family needed all the help it could get. Things have never gone too well for them. At age 16, Ms. Corbett was severely burned in a fire, losing most of her hands and a foot. At one point during the extensive medical treatment that followed, she was overexposed to anesthesia and lost most of her hearing.

She met Mr. Ward at age 21, and they've been together ever since—a gentle, affectionate couple who obviously love each other. The children came along quickly, one after another—a daughter, now age 7, then another, age 6, two carrot-topped boys ages 5 and 3, then the baby.

In late 1993, the family packed its things and left Oklahoma. Work there had been erratic for Mr. Ward and medical care inaccessible for Ms. Corbett. A cousin had suggested they give Augusta a try. They had nothing to lose, nothing to leave behind, so they headed east.

In some ways, Augusta was an immediate improvement. The couple rented a trailer and enrolled the oldest two children in school, which they enjoy and excel at. Ms. Corbett's health improved.

"In Oklahoma, I went to three different doctors trying to get a hearing aid. I never could get one," Ms. Corbett said. "When we came to Augusta, I went to the Medical College of Georgia and got one almost right away."

MCG also is fitting her with a prosthesis for the foot she lost in the fire. Without it, she must either crawl or use a wheelchair, neither of which is practical with active young children.

But soon after settling in the area, the trouble they thought they had left behind began plaguing the family. One of their daughters contracted spinal meningitis, from which she's since recovered. Then, their rickety trailer caught fire. No one was hurt, but the site was condemned the next day. Ms. Corbett couldn't have stayed there anyway. She can deal with many hardships, but she can't stand fire, can't even bring herself to turn on a stove.

The family's living arrangements have been makeshift ever since.

"I hope everything turns out like I want it to, that we find a place to live and that my prosthesis turns out good enough so I can walk," said Ms. Corbett, who seems well-practiced in narrowly defining her dreams.

Dr. George's impetus to help establish Coordinated Health Services Inc. was to reach out to just such a population—the most disenfranchised in the community.

The organization—a nurse-managed, wellness-focused primary health-care program—is a community-wide effort. University Hospital largely funds it through its Indigent Care Trust Fund. St. Mary on the Hill Catholic Church has donated financial support to house Coordinated Health Services (on Central Avenue, within walking distance of the church), along with building and maintenance assistance. The clients who use Catholic Social Services, which offers resources such as food and clothing for the very poor, are referred for health care to Coordinated Health Services. St. Joseph Hospital supports an outreach nurse. Richmond County Health Department provides immunizations and other resources, including helping establish a hypertension and women's health program. MCG's School of Nursing provides ongoing support that includes its community-nursing students' outreach efforts.

Coordinated Health Services evolved from research Dr. George conducted in the 1980s and early 1990s. She discovered a vast underground homeless population in the area—a population whose demographics in many ways defied

Dr. Shirley George (second from left) meets with MCG students who participate in Coordinated Health Services

conventional wisdom.

"I knew that a limited population actually used the homeless shelters. I knew there were more hidden populations," Dr. George said. "We needed to open up the community to find out what was really going on."

What she discovered, along with a predictable population of substance-abusing or mentally ill homeless men, were droves of impoverished women and children. This group, she found, is largely invisible. Rather than camping out under bridges, women and children tend to drift from one friend or family member to the next. Some are enmeshed in poverty; others are reeling from a recent development such as a job loss or divorce.

"Although numbers of women and children are lower on a census, the reality is that they have the highest growth rate of homelessness," Dr. George said.

Dr. George also discovered that homelessness has no racial or ethnic bounds. Even intact families, such as Mr. Ward and Ms. Corbett, are vulnerable.

Just exactly how big is the homeless population in the Augusta area? "I don't even attempt to determine numbers anymore," Dr. George said. "Who's homeless today may not be homeless tomorrow. Counts become meaningless because homelessness is a changing state of being. Taking a true count of homeless people is an impossible task."

She just tries to help. Her survey data indicated there was plenty of work to be done. For instance, "we surveyed women coming through Catholic Social Services and found that many of them rated their health as fair or poor. Generally, when people rate their health as fair, they're really hurting."

They've tended to go without health care or obtain it in an emergency room—an enormously expensive alternative for society, Dr. George said. The dilemma spawned her resolve to help form a primary preventive care program with interdisciplinary linkages in the community.

Since its inception in April 1992, Coordinated Health Services nurse practitioner Pat Lynch-Hayes has provided primary health care for some 1,000 people, approximately 30 percent of whom were homeless. Outreach nurse Sister Fran Voivedich conducts a home visitation program on selected clients, maintains contact with AIDS clients in two transitional houses and coordinates a screening and referral service at a soup kitchen. Clinical assistant LuVin McCoig helps find housing for the homeless, interviews clients and maintains a databank on services.

Clients either come in from off the street or are referred by a host of social agencies, including the Salvation Army, Birthright and SAFE Homes, an organization for battered women and their children.

The wellness center is tiny but homey, with examining facilities for both children and adults. Ms. Lynch-Hayes addresses patients' complaints and assesses their overall health.

"We deal with people holistically," Dr. George said. "We don't just treat a sore throat and send them on their way. We get a history, help them with their prescriptions, screen them for hypertension, match them with area resources.... We work on forming ongoing relationships and giving them some direction."

"One of my dominant impressions," said Ms. Lynch-Hayes, "is the vast number of elderly people who can't buy their medicine. That's not an exception. We see it very often."

And although the staff is primarily concerned with their clients' health, other poverty-associated problems are inextricably linked. "You certainly find yourself enmeshed in social problems," Ms. Lynch-Hayes said.

Dr. George's community-nursing students try to tackle those very problems, visiting the clients in their homes as part

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of their course work, assessing their overall needs and trying to make a difference in their lives.

For instance, senior nursing student Brian Bays was assigned to Mr. Ward and Ms. Corbett, the homeless couple with five children. With Dr. George's help, he called health and social agencies, desperately trying to ensure that when the family's week at the motel came to a close, they'd have a roof over their heads.

Not all their clients' problems are so acute. Some have enough friends and family to help them get by.

"I have a client who hasn't had any income in nine years," said senior Byron Quick. "She's not on welfare; she lives through the charity of friends. Every meal she eats is charity."

All the students agree that the most heartbreaking aspect of their work is observing impoverished children. "Some of the people we meet don't even seem to know their own needs, let alone their children's," said senior Shari Gay. "On the other hand, others really scramble to make sure their kids are taken care of."

Indeed, the students have discovered that impoverished people don't necessarily have much in common with each other. "I have four clients and they're like night and day—all very different," said senior William Gonzalez. "It's hard to make generalizations."

Dr. George is gratified that her students are finding that out. "My students have an awakening when it comes to this kind of work," she said. "They have no sense of what it's like until they really get out there. They quickly realize that this is different than treating a patient at the bedside in a hospital. When you go to a client's unheated home in the dead of winter, you get a sense of what poverty is like."

And poverty, she said, is something you never get used to. "I never cease to feel the stress," Dr. George said. "I've never been able to feel free of what it means to see people in such dire straits. It's kind of a grieving that goes on. You really can't tolerate this level of poverty. But I get the rewards of seeing the gains. You see you're able to help people." ■

—CHRISTINE HURLEY DERISO

Editor's Note: At press time, Ms. Corbett, Mr. Ward and their children were preparing to move into a two-bedroom home in Clearwater, S.C., that Coordinated Health Services had helped secure for them rent-free for the first three months. Mr. Ward was still jobless and the family's car had been impounded for failure to obtain a state license plate.

Advertising Index

AFTCO Associates 21
Anderson Area Medical Center . . 4
Cellular One . . . *Inside Back Cover*
DeKalb Medical Center 24
Georgia Army National Guard . . . 8
Interim Physicians 5
Kaiser Permanente 24
Mag Mutual Insurance Company . . . . *Inside Front Cover*
Memorial Medical Center 25
NationsBank 4
Northeast Alabama Regional Medical Center 28
Sea Palms Golf and Tennis Resort 28
SmithKline Beecham Clinical Laboratories 8
Tallahassee Memorial Regional Medical Center 25
United States Air Force Health Professions 5

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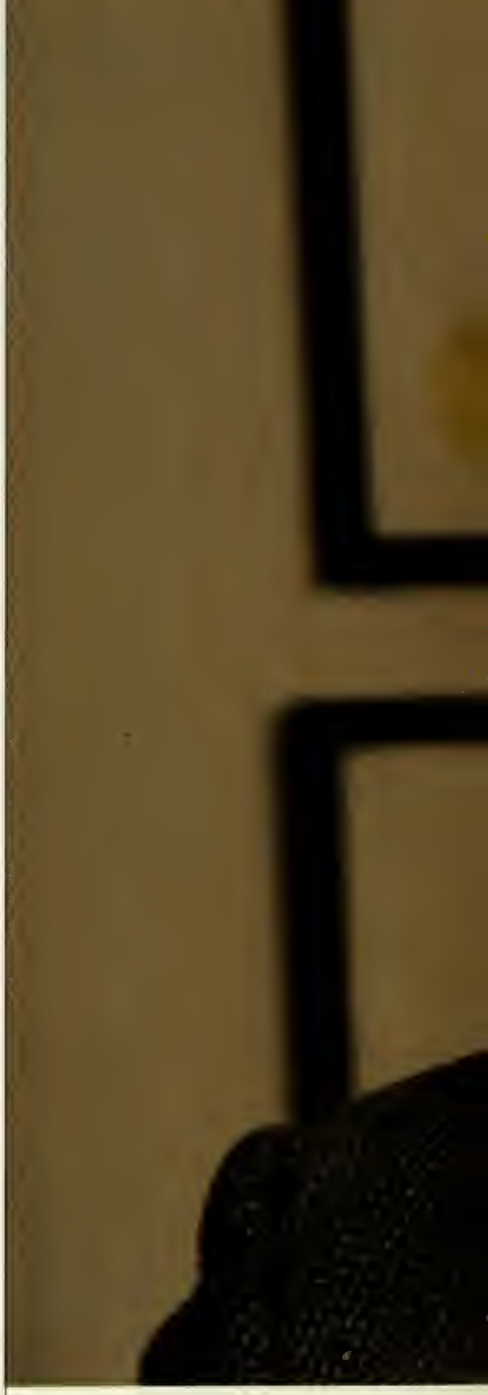
A Man and His Bag



As a child, Virgle McEver didn't associate doctors with hospitals or high-tech equipment. He associated them with comfortable walking shoes, a friendly smile and an ever-present big black bag.

Physicians in Dr. McEver's childhood home of Moultrie, Ga., routinely made house calls and could often be spotted ambling along a sun-swathed country road or tree-lined residential street en route to a patient's home.

"I'd walk around with one in particular and he'd let me carry his big black bag," recalled Dr. McEver, a 1953 graduate of the Medical College of Georgia School of Medicine.

The little boy who skipped alongside the physician, careening slightly to one side from the weight of the bag, was absolutely clear about one thing: He wanted his own big black bag when he grew up.

"I wanted to go to medical school from the time I was a little kid," Dr. McEver said. "I took care of all the neighborhood animals that were hurt, even the snakes."

His father, a construction worker, had other ideas for his son, whom over the years he taught to lay brick, install electrical wiring and the other skills needed for father and son to work side by side some day.

"I really tried to learn my father's business," Dr. McEver said with a shrug of his shoulders. "And I did learn quite a bit. But it just wasn't my thing."

No hard feelings. Dr. McEver had his parents' blessings when he enrolled in medical school.

Actually, he almost didn't make it. His undergraduate education was interrupted by World War II. He served in the medical corps, meeting and marrying a nurse from New York along the way. He eventually ended up overseas and was still there as the war wound down. "I got a great job offer overseas," he said, and asked his wife, still stateside, if she'd be interested in laying down roots across the ocean. "She wrote me a letter and said, 'You said you were going to

medical school, now come home and go to medical school.'"

He did. His and Amy's next stop was MCG, where he established some of the most enduring relationships of his life. "When I say I know an old classmate, I mean I really know him," he said with a laugh, citing the intimacy borne amid grueling schedules, demanding professors and dissected cadavers. "That era was something else. I just had a great time."

Along with learning medicine, Dr. McEver displayed his inherent zeal for extroversion by joining the student council, a fraternity and the staff of the *Cadaver* (the student newspaper), among other pursuits.

Mrs. McEver, meanwhile, supported the family (by this time, they had two sons, with a third to follow shortly thereafter) by nursing at University Hospital.

Dr. McEver had his sights set on a neurosurgery residency after graduation, but MCG's program was temporarily unaccredited. A classmate, Dr. Bill Talbert, asked if he'd be interested in moving to Warner Robins, Ga., for a couple of years to establish a clinic. "I talked with him about half the night," Dr. McEver recalled.

His parents, who had moved to Warner Robins, also cast their unofficial vote for the move. "My mother notified the mayor and one of the preachers in town that I might be interested; they came out and put a fast sell on me."

Dr. McEver agreed, mostly because he saw a town that needed a doctor. When he and Dr. Talbert hung their shingle, they were two of four doctors in town; residents went to nearby Macon if they needed to be hospitalized.

Dr. McEver sensed the flavor of the town when he approached a banker about lending him money to open a clinic. "The banker handed me the money in cash," Dr. McEver said. "I said, 'Don't I need a note?' He said, 'Just your handshake.' I said, 'When do we need to pay you back?' He said, 'When you've got it.'"

Dr. McEver felt an immediate, nagging need to prove himself worthy of such confidence. He and Dr. Talbert went right to work, establishing a clinic that

enabled residents to stay in town for many procedures, including minor surgery and childbirth. Dr. McEver, who had worked as an obstetrician/gynecology extern during medical school, realizes in retrospect he was ahead of his time in the field. "Because the clinic was so small, I'd deliver babies with the fathers in the room, then set up a bassinet in the mother's room.The mother and baby would stay for eight hours, then they'd go home and I'd make house calls."

Because of the shortage of doctors in town, Dr. McEver's days were virtually seamless. He often worked around the clock and was always on call. "The first day the clinic opened, Dr. Talbert and I saw over a hundred patients each," he said. "We operated 24 hours a day."

How did his wife endure such a schedule? "My wife is one of the most understanding people that you've ever seen," Dr. McEver said. Plus, she was used to it. Her husband had a history of throwing himself into the task at hand.

Mrs. McEver actually worked for her husband at one point. "It lasted a day," Dr. McEver said with a hearty laugh. "No, no. Make that two. Lasted two days. She said I was 'ordering her around.'"

He clarified for the record that she was filling in only until a new nurse arrived, but clearly, despite their love and respect for each other, he had his turf and she had hers.

Once Dr. McEver had the clinic up and running, he and his family moved to Atlanta for a residency. But he had changed his mind about a couple of things. For one, he was no longer interested in neurosurgery. "I got exposed to so many kinds of surgery working in the clinic," he said. "I knew I could do a lot more and affect a lot more lives with general surgery. It was just my thing. I'd operate on you even if you didn't pay me for it. I'd rather get paid, but surgery was what I liked to do."

He also decided that Warner Robins was no mere pit stop; it was home. After his residency, during which time his wife supported the family by teaching school, they headed back home.

One of his first priorities after returning to Warner Robins was to help build a local hospital. He and Dr. Talbert persuaded the town to vote on a referendum for a county-funded hospital. Today, the 200-bed Houston Medical Center is right down the street from Dr. McEver's office.

"Yep, a lot's changed in those years," he said. "Where I'm sitting right now (in his office) was a cotton field."

Dr. McEver also committed himself wholeheartedly to the community he now knew would likely be his forever. "When I came here, I told Billy (Talbert), 'This is our community. Your community is what you want it to be.'"

Over the years, Dr. McEver has served as chairman of the Houston County Commissioners and as a member of the city council, chamber of commerce, board of health, little league baseball and committees too numerous to list. He also has served in various medical organizations and is vice president of the MCG Foundation. "I really think professionals make a great mistake in not involving themselves in their communities," Dr. McEver said. "Doctors don't get involved like they used to. They're intensely interested in medicine, and it seems like to me they just spend their whole time on it. I'm not sure they realize what an impact they could have on the outside world."

And he perceives a particular urgency in doctors' community involvement as the nation gears up for health-care reform. He doesn't mince words about his lack of confidence in government control of his business. "The president's a lawyer; the first lady is a lawyer. How in the world are lawyers going to decide how medicine should be reformed?" he said.

He urges his colleagues to become a part of the process, desperate to reclaim a system in which physicians knew their patients by their first names. But he has no illusions; he doesn't anticipate things being like they used to be, and he hates it, particularly for the son who followed him into medicine.

"It's not fun like I had," he said simply. Dr. McEver Sr. semi-retired in 1992, disillusioned by "more and more paper work and less and less time with my patients," he said.

Still, he has no regrets ("except I wish I'd spent more time with Amy"), and his memories of his career are nothing short of sublime. "I've always tried to get the most out of everything I did," he said. "But when that phase is over, I just turn the page."

He hasn't quite turned the page yet; he still shows up at the office, and he still has patients. His community involvement is as strong as ever, and his two grandchildren inspire him to throw in his two cents' worth whenever he gets the opportunity. "Oh, I've got a lot to do," Dr. McEver said serenely. ■

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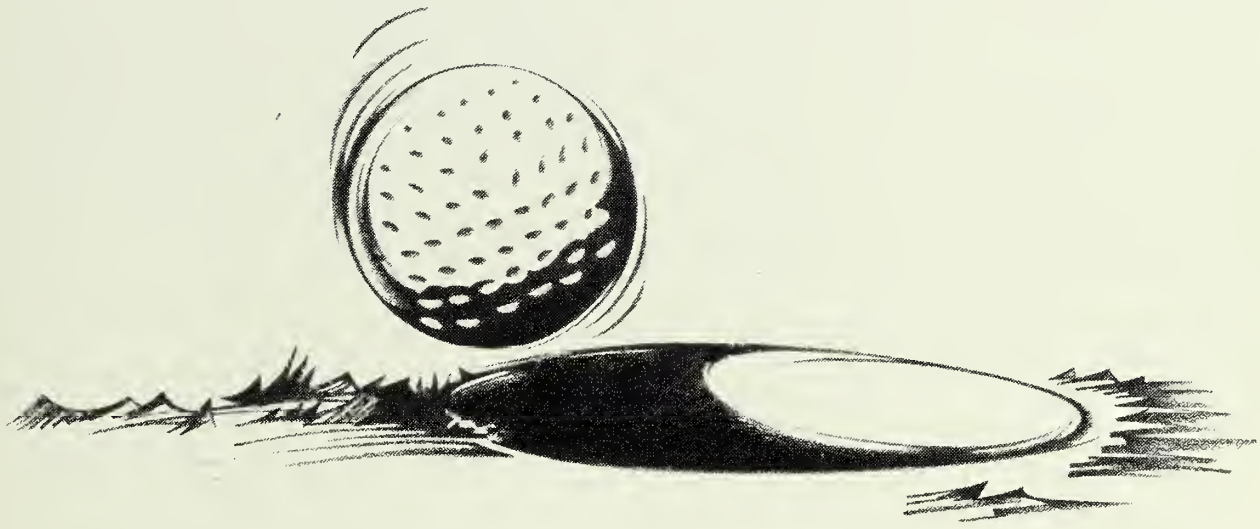

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